

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966231	(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER ACTS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6806 NORTH NEBRASKA AVENUE TAMPA, FL 33604	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

An off-hours complaint investigation (CCR# 2016001738) was conducted at ACTS Assisted Living Facility on 4/25/16. ACTS had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2016

Administrator
Acts Assisted Living Facility
6806 North Nebraska Avenue
Tampa, FL 33604

RE: CCR# 2016001783

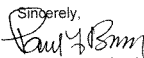
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 25, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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